

## RORSCHACH ASSESSMENT OF THE BORDERLINE CHILD

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After nearly two decades of intensive investigation, adult borderline disorders have achieved wide currency, including a substantial psychological literature. The literature on the diagnostic psychological assessment of borderline children is, in contrast, quite sparse. This paper examines manifestations of childhood borderline conditions on the Rorschach, discusses them in light of current theoretical conceptualizations of adult borderline psychopathology, and explores the relationship between child and adult borderline disorders and the genesis of these conditions.

Sooner or later, the child diagnostician cannot but help encounter children who are difficult to evaluate, largely as a result of the way they handle the testing interaction. These children severely test the diagnostician's patience, skills, and self-confidence in the unique manner they transform the testing interaction into a theater of chaotic interaction.

The author's initial experience with these "difficult" children occurred during a 3-year tenure as psychodiagnostic consultant at the Sonia Shankmann Orthogenic School of the University of Chicago, a long-term residential psychoanalytic treatment facility for children and adolescents. These children, aged 6 to 18, typically are referred to the school by social welfare agencies across the midwestern and eastern United States. They usually came to the school after all other efforts at their placement and rehabilitation had failed. More often than not born of transient liaisons to mothers, frequently prostitutes or addicts, who did not want them, the children were often of mixed race, had a history of early and intense involvements with social welfare agencies, multiple foster home placements, and typically had experienced severe neglect and abuse. These children typically were referred to the school around 6 to 7 years of age and usually stayed 10 to 12 years. Their extended residential milieu treatment involved little or no involvement with their families of origin and no medications. The children received excellent physical care, schooling, and psychotherapy from a committed, highly trained, and sensitive staff. They received comprehensive diagnostic psychological evaluations when admitted and annually thereafter. The battery utilized at the school was quite traditional and included in most cases projective drawings, intelligence and achievement tests, and projective tests, including the Thematic Apperception Test (TAT) and the Rorschach.

### TESTING THE DIFFICULT CHILD

In child assessment practice, one immediately can distinguish difficult children by their idiosyncratic and dramatic response to the testing interaction. These children differ from other children in the extent to which their conflicts and deficits are manifested openly in the test situation (Leichtman & Shapiro, 1980a), most notably in displays of disturbed and disruptive behavior.

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These are children who have long and frequently emotion-laden behavioral observation sections in their psychological reports. They convert the test situation into a sort of theater that dramatizes their particular concerns, conflicts, and vulnerabilities. Some examiners consider these children untestable given the arduous task of testing them and their unpleasant effect on the examiner. They appear less interested in demonstrating their skills than in creating an intense relationship with the examiner (Rausch De Traubenberg & Boizou, 1980), and they make deals through bribery or manipulation, bargaining for privileges, gifts, or food.

Difficult children have an uncanny ability to provoke role inductions of intense polarity and rigidity and reversals in the examiner-examinee relationship and, thus, induce intense emotional reactions in the examiner.

In working with these children one observes their easy erosion of controls in the test situation. These include poor tolerance for frustration, escalation into anger, intense self-depreciation, and wild behavior, not only observed but engulfing the examiner. In working with these kids, one finds oneself "walking on eggshells" to mollify, support, and forestall regression. The examiner tends to function as an auxiliary ego for the child, saying and doing everything in anticipation of the child's reaction. Through words, actions, expressions, tone of voice, and manner, the examiner is likely to find herself insisting that tests be finished, restraining impulsive action, focusing concentration, providing reassurance and support to do their best, and double-checking their work.

What tends best to distinguish difficult children are "pivotal interruptions" (Engel, 1963), in which dramatic shifts in functioning and behavior occur during the testing interaction, sometimes quite without warning, and at times occurring over and over again.

Curiously, one finds an overrepresentation of underachievement, documented learning disabilities, soft neurological signs, minimal brain dysfunction, attentional deficits (Palombo, 1985), and significant differences in functioning between the more structured intelligence and achievement tests and the less structured projective procedures (Singer, 1977). These findings have led some observers to emphasize soft neurological signs as an etiological factor in the developmental of borderline disorders in children, adolescents, and adults (Andrulonis & Vogel, 1984).

In sum, difficult children test the tester by transforming the assessment interaction into an ordeal in which chaotic and archaic object relations are externalized into interpersonal interaction that provides rich diagnostic information. Diagnosticians find their standard procedures inadequate; doubt their training, skills, and commitment to the work; and feel stressed and exhausted during and after the evaluation.

#### TEST DATA

The Rorschach percepts of difficult children are graphically raw, personalized, and fantasy laden in a way that distinguishes them from the more reality-oriented and conventional responses of their less disturbed peers. The primary process nature of these percepts, in terms of both content and structure, is immediately obvious. Objects seen on the Rorschach are emotionally freighted; typically involved in some sort of agony or state of rage, weirdness, damage, deformity, or deterioration, attacking or being attacked; or in other extreme circumstances. Percepts have a highly fabulized and pre-emptory quality, e.g., Card V, commonly seen as a bat, is instead seen as "a bat with razor teeth that sucks people's blood like a vampire." One has the impression of a very short distance between the impulse or experience that is being represented and its raw expression.

In the test data one encounters mouths, stomachs, claws, teeth, rear ends, genitalia, breasts, raging fires, floods, explosions, earthquakes, tornadoes, and eruptions or other cataclysmic and elemental destructive forces (Leichtman & Shapiro, 1980b). Human percepts frequently are de-realized, such as angels, witches, goblins, demons, devils,

werewolves, monsters, or robots. These children exhibit a curious preoccupation with super-heroes (Eckstein, 1983) or other fantasy figures that override activities that involve peers or everyday life. They are preoccupied with (and sometimes quite knowledgeable about) prehistoric times, dinosaurs, fairy tales, science fiction, or outer space.

Aside from primitive or archaic content, these children demonstrate marked boundary disturbances, often delineated by the fabulized combination response (Singer, 1977), and poignant concerns about separation and loss. They tell stories about reunions with idealized parents, see images of two-headed people, Siamese twins, and people or animals reflected, joined together, or doing things in unison.

In sum, with respect to test data, the "difficult" child's Rorschach percepts illustrate an analog to their chaotic testing behavior. Their concerns are raw and unmediated in content and affect, show strong evidence of drive-laden, primary-process material, and lack the perspective and self-criticism one ordinarily might expect in children at their level of development. Their emphasis on the elemental, cataclysmic, and unreal, while not typically perceptually inaccurate, conveys the sense of urgency and pressure that informs their inner world.

#### CASE STUDY

Gena (pseudonym) was a 14-year-old mixed-race girl who had been at the school a year. She was a large, handsome, sexually mature girl, very poised and dignified in her manner. She had no knowledge of her biological father and had been adopted at age 6 years. Her mother, a prostitute in a midwestern city who was described as a borderline personality and a drug addict, was 16 when Gena was born. Her early life was described as deprived and deplorable. Both she and her brother had endured multiple foster placements and adoptions. There were suggestions that Gena had been sexually abused and had engaged in incest with her brother. A week prior to the evaluation, she had eloped from the school. Upon return, she was examined physically, and there were suggestions that she had engaged in sexual intercourse, but she vigorously denied having engaged in such activity.

When asked to tell me about her mother, she said: "She was out every night. We got only popcorn for food. We had cabinets full of food but we never got any of it. I learned to fix a cup of soup. We used to rummage through the closet." About her father, she said, "I never knew him . . . but I think once he came and brought us tacos."

Gena's earliest memory was: "I remember taking care of my brother and sister, changing their diapers. The diapers wouldn't stay on, I was crying." How did she feel in the memory? "I had a guardian feeling, it was me they had to come to, to get fed, if it wasn't me it was nothing."

A recent dream that Gena had was of the "Huxtable family" on the *Cosby* show, "where they did things together, were best of friends, were inseparable." On Card 16 of the TAT (blank card): "This is a picture of a daddy and a little girl having a nice conversation. The mother got out the cookies and the milk. The conversation is very agreeable and in the end they will go and watch TV together." (How is the little girl feeling?) "The girl is feeling very happy that she could talk to her mother."

Gena's three wishes were: "to have no more problems, to be rich, and to live in a forest by myself."

Gena's performance on the Wechsler Intelligence Scale for Children-Revised (WISC-R) was generally quite adequate and yielded a Full Scale IQ of 108 (63rd percentile), with no notable Verbal-Performance split and no evidence of loosened or disorganized thinking.

*Rorschach Protocol*

- I. 1. This reminds me of a two-headed man raising his arms above his head inside of a house he just made.  
[This is the two-headed monster, here is his body, his hands, arms, and here's the house.]
2. I also see a butterfly whose wings have just been torn, that's it.  
[This is part of the body. The wings have been torn, right along the edge. (You say they are torn?) Yeah, the ragged edges and the pieces falling off.]
- II. 3. I see two men clapping and kicking their feet to a dance.  
[Here are the heads, hands, and feet. It looks like they have three pairs of feet. The red stuff is the action, the noise.]
4. I see two seals standing head to head with fins touching. They are standing on their heads.  
[These are the heads, the hands, and their fins.]
- III. 5. I see two Martians who have taken their hearts out and are ready to put them in the bags they are holding and these little things behind them are whispering, "Place them in gently!"  
[These are the Martians, heads, bodies, arms, legs, hearts, things whispering here.]
- IV. 6. I see a big monster wearing doggie slippers riding his pet snail.  
[Here's the monster's head, hands, legs, head of doggy slippers, pet snail, and pet snail's eyes. (A doggy?) By the faces and the body's shape. (I'm not sure I am seeing the monster?) Here's the head, eyes, and hands.]
- V. 7. I see a butterfly that was broken into half and somehow regenerated itself and it has two crocodile heads on the ends of its wings.  
[Here's the butterfly, here's where it regenerated, wings here, crocodile heads. (You say regenerated?) The long line between the body exactly splits the whole butterfly in half.]
- VI. 8. I see a flamingo, the head of a flamingo on a rock that has two bear heads that look east and west and has two hairy legs that are standing right on the backs of the two heads.  
[Here's the flamingo. Eyes are the light spots. Light area looks like fur. Black part look likes eyes. (You say it's hairy?) This part looks hairy, the way color goes. (And the bear's heads?) Here, you can see the snouts.]
- VII. 9. Two fairies doing a dance with each other with feathers on their heads. Their feet are together. It looks like they are about to float backwards.  
[Fairies' faces here, feathers, arms are about to go forward, so they wouldn't be touching anymore.]
- VIII. 10. I see two wild cats climbing on a rock.  
[Here's the rock.]
- VIII. 11. Two blue rags that are hooked to a bat that the two panthers are holding onto, and they are pushing the bat's wings together over the bones where the wings are supposed to be.  
[Here's the bat skeleton. They are pushing that part together so that he will be whole. (You say blue rags?) The wings are the wings. The panthers are holding his wings together so he can fly again.]
12. I see a butterfly holding the bat's feet up in the air.  
[This is the butterfly holding his feet. (Butterfly?) The shape of the wings.]

- IX. 13. I see a spirit coming out of orange, brown, blue and pink shadows about to take form as a man.  
 [Here's the spirit coming out of the shadows. (Spirits?) By how dim it looks. Parts of the body are more obvious. (Shadows?) They are hiding part of the body. You can barely see it, it is there but again it's not.]
- X. 14. Two blue crabs climbing onto the head of a monster with yellow crabs and a green mustache, and they are about to kill two ants with their pinchers cause the ants were doing a rain dance. The monster has two pairs of eyes. A rabbit is holding his mustache together and two caterpillars are his mustache.  
 [Here are the two crabs, two ants. Here's the rabbit. Here are the two caterpillars.]

This rich record is similar to those described by Rausch De Traubenberg and Boizou (1980). It illustrates a number of classical features of borderline structure, including notable boundary disturbance that involves merged object relations, a high prevalence of fabulized combinations in the context of reasonably good form, with themes of morbidity and metamorphosis that are observed commonly in the records of sexually abused children (Zivney, Nash, & Hulsey, 1988). One notes, as well, the increasing deterioration of ego synthesis and regression in symbolic functioning during the course of the record. The record aptly demonstrates the intermingling of perceptions simply because they occur close together in time or space, scored as Fabulized Combinations, which suggests affectively loaded boundary disturbance (Gunderson & Singer, 1975). The fluidity and concreteness of the record, further, indicate problems with object constancy and transitional relatedness (Pine, 1986; Winnicott, 1953), both aspects of identity deficits (Adler & Buie, 1979).

#### *Summarizing the Test Data*

In the protocols of difficult children, one notices shifting, alternating ego states that bring about bewilderingly rapid changes in overt behavior, not only when the child is with different adults, but also in the course of an individual interaction. Their test-taking behavior and Rorschach data suggest the following themes (Engel, 1963):

1. A basic preoccupation with survival: The fear of annihilation appears in a variety of ways on most tests; one has the impression that the child is preoccupied with great and destructive forces.
2. A basic struggle with reality contact: the overuse of fantasy and the waxing and waning of reality testing.
3. A basic struggle with insurmountable demands: feelings of being overwhelmed and helpless in the face of elemental, destructive forces.
4. Fears of separation and/or merger with attendant loss of identity and blurring of self-boundaries, failure to achieve and maintain self- and object-constancy, which suggests identity disturbance.
5. Pivotal interruptions and alterations of the diagnostic and therapeutic relationships during the testing process, including intensely charged moments in the evaluation process.
6. The child's effects on the examiner, including fatigue, frustration, rage, need for constant limit-setting, and feelings of being drained and discouraged after the testing.

Table 1 provides a summary of assessment data and associated mid-level constructs in the psychodiagnostic assessment of difficult children.

In attempting to explain and understand these phenomena in the psychological testing of difficult children, the primary consideration appears to be a disturbance in

Table 1  
*Summary of Assessment Data and Associated Constructs*

Domain	Features
Behavioral markers	Erratic, chaotic social interactions Role reversals Unpredictable, aggressive outbursts Shifting affective states Severe rejection of interest/negativism Strong emotion in examiner
Psychological test data	Idealization of parental images Fluid Rorschach percepts Poor use of color Adequate performance on structured tests; poor on unstructured tests Evidence of underachievement of learning problems
Mid-level interpretive constructs	Identity disturbance Disturbance in self and object images Failure of emotional maturation Externalization of primitive object relations into interpersonal behavior Transitional relatedness Learning disabilities, minimal brain dysfunction
Etiological/theoretical constructs	Developmental arrests: ego synthesis Object relations Affect maturation Self-organization Internalization "Constitutional aggression"

their core sense of identity (P. Kernberg, 1985), primarily the failure to have consolidated a sense of self and associated deficits in developing self-regulatory capacities. This basic fault in the self-structure is obvious in several ways: transitional relatedness, in which other people and fantasies of idealized or devalued objects are relied upon to provide a coherent and stable sense of self; a related failure in self- and object-constancy; an enfeebled identity structure, including failure of integration of superordinate schemas of self (Horowitz, 1991); a core sense of the self as fragmented, bad, hated or unwanted; and deficits in internalization and drive and affect neutralization.

One cannot help but notice the parallels in the clinical features of these children and those postulated to characterize borderline adults. Table 2 presents three clinical models for adult psychopathology that emphasize their principal theoretical and clinical features.

Consistent with the observations of the Rorschach protocols of difficult children, one notices the primacy of identity disturbance; structural weakness; and developmental immaturity that enfeebles the sense of self, fosters infiltration of primitive thought, and promotes tendencies toward affect dyscontrol.

While the parallels between child and adult borderline conditions are striking, many questions remain. These include both the validity and stability of the borderline diagnosis in children. To facilitate further research, Bemporad and his colleagues (Bemporad, Smith, Hanson, & Cicchetti, 1982) have proposed a set of diagnostic criteria for childhood borderline disorders. These are presented in Table 3.

Do borderline children develop into borderline adolescents or adults? Several studies have examined empirically the relationship between child and adult borderline conditions. Retrospective studies suggest that the related adult disorders begin during childhood

Table 2  
*Clinical Models for Adult Borderline Conditions*

Putative deficits		
O. Kernberg (1975)	Adler & Buie (1979)	Stolorow et al. (1987)
Nonspecific ego deficits	Failure of self/object constancy	Structural weakness
Shift toward primary process thinking	Failure of evocative memory	Failure of stable cohesion, positive affective coloring, and temporal continuity of self-structure
Primitive defenses splitting projection	Transitional relatedness	
Pathological object relations	Use of others as self-objects	Use of others as self-objects
Clinical presentation		
O. Kernberg (1975)	Adler & Buie (1979)	Stolorow et al. (1987)
Chronic anxiety multiple symptoms perverse sexuality identity disturbance impulse dyscontrol	Separation anxiety	Rage, panic, acting-out in reaction to affective misattunement

Table 3  
*Bemporad (1982) Criteria for Borderline Disorder in Children*

1. Fluctuation of functioning
2. Severe anxiety states:
  - a. Rapid escalation to panic/terror
  - b. Prominent phobic symptoms
  - c. Fears of self-annihilation, body mutilation, or world catastrophe
3. Disturbed thought content
  - a. Fluid fantasy reality/boundaries, psychotic thinking on psychological tests
  - b. Scholastic underachievement, learning disability, poor perceptual-motor skills
4. Disturbed personal relationships (hostile, sadistic, demanding, dependent)
5. Poor affect and motor controls
6. Associated symptoms
  - a. Poor social functioning
  - b. Failure to learn from experience
  - c. Lack of personal grooming
  - d. Difficulty adapting to new circumstances
  - e. Evidence of organic impairment

(Petti & Vela, 1990). In one suggestive retrospective study (Aarkrog, 1981), a very high stability of borderline personality organization was observed (82% from childhood to adolescence and 70% from adolescence to early adulthood). Pfeffer, Plutchik, and Mizruchi (1983) found that 54% of a sample of children who showed assaultive and suicidal behavior met DSM-III criteria for borderline personality. In another study, only 31% of a sample of suicidal children could be diagnosed reliably as meeting borderline criteria. Gualtieri and Van Bourgondien (1987), on the other hand, found that none of 16 children, 6 to 13 years of age, who had been referred as borderline for inpatient care or comprehensive evaluation met DSM-III criteria for borderline personality disorder

(BPD). Most recently, Lofgren found in a 10- to 20-year prospective follow-up study that 16 out of 19 subjects who originally were diagnosed as borderline children had Axis II personality disorder diagnoses, 5 had antisocial personality diagnoses, 6 had substance abuse diagnoses, and 3 had borderline personality diagnoses. None had Axis I affective or schizophrenic disorders. They conclude that borderline disorder of childhood is a misnomer and that "the category appears to represent an antecedent condition for the development of an array of personality disorders in adulthood" (Lofgren, Bemporad, King, Lindem, & O'Driscoll, 1991, p. 1545).

In sum, continuity with adult forms of BPD spectrum disorders has been demonstrated in some studies. Poor outcome and persistent psychopathology are expected for most children who fall within this spectrum of disorders.

While the clinical parallels are suggestive (Greenman, Gunderson, Cane, & Saltzman, 1986), as yet the empirical evidence is not compelling in support of the contention that adult borderline personality criteria define a clear and meaningful syndrome in children. Neither has the developmental relationship between child and adult borderline conditions been established definitively, although emerging findings are suggestive.

In sum, these children, through their use of the testing interaction and their unique productions on projective techniques, especially the Rorschach, provide remarkable vistas into their primitive agonies, disordered attachments, and chaotic representational worlds. Their core sense of self has not achieved the sort of stability, constancy, and integrity that allow for effective functioning in the world. These children represent not only a challenge to the psychodiagnostician, but, in terms of the necessity of massive treatment resources, demands on providers, and generally unfavorable prognosis, to the therapist as well.

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